Fill in this information	to identify your case:	
Debtor 1	Sharon K Williams	
Debtor 2 (Spouse, if filing)	James L Williams	
United States Bankru	ptcy Court for the: SOUTHERN DISTRICT OF OHIO COLUMBUS	
	13-bk-51567	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation	Homemaker	1099 employee contractor
	Include part-time, seasonal, or self-employed work.	Employer's name	_	Chance 3 Trucking
	Occupation may include student or homemaker, if it applies.	Employer's address		197 Washington Avenue London, OH 43140
		How long employed th	nere?	2004 - present
Б-	Ohra Batalla Ali ant Man	di ha ha a a a a		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 0.00 \$ 15,099.82

Official Form 106I Schedule I: Your Income page 1

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Debte Debte		Sharon K Willia James L Willia						C	Case ni	umber (<i>if l</i>	known) _	2:13-bk	c-51567		
									For D	Debtor 1				btor 2 or	se	
	Сор	y line 4 here					4.	-	\$		0.00)	\$	15,099.		
5.	List	all payroll deduct	ions:													
	5a.	Tax, Medicare, a		Security dedu	ıctions		5a		\$		0.00)	\$	0.	00	
	5b.	Mandatory cont		-			5b		\$		0.00	_	\$		00	
	5c.	Voluntary contr	ibutions fo	r retirement p	lans		5c.		\$		0.00)	\$	0.	00	
	5d.	Required repay	ments of re	tirement fund	l loans		5d		\$		0.00		\$		00	
	5e.	Insurance					5e		\$		0.00	_	\$		00	
	5f.	Domestic suppo	ort obligation	ons			5f.		\$		0.00		\$		00	
	5g. 5h.	Union dues Other deduction	s Specify	OTP Char	ges, less advanc	96	5g 5h		\$		0.00		\$	17,338.	<u>68</u>	
_					_				-			_	· —	-		
6.					5c+5d+5e+5f+5g+5h		6.		\$		0.00	_	\$	17,338.		
7.			•		act line 6 from line 4.		7.		\$		0.00)	\$	-2,238.	86	
8.	List 8a.	profession, or fa Attach a statement receipts, ordinary	n rental pro arm ent for each / and neces	pperty and fro property and b	m operating a businusiness showing groexpenses, and the to	oss			•							
	O.L.	monthly net incom					8a		\$		0.00	_	\$		00	
	8b. 8c.	Interest and div		hat you a no	n-filing spouse, or	a denendent	8b		\$		0.00)	\$	0.	00	
	00.	regularly receiv		iliat you, a lio	ii-iiiiig spouse, or	a dependent										
					port, maintenance, o	divorce										
	٥.	settlement, and p	. ,				8c.		\$		0.00		\$		00	
	8d. 8e.	Unemployment Social Security	compensa	tion			8d 8e		\$		0.00	_	\$		<u>00</u> 00	
	8f.	Other governme Include cash ass that you receive, Nutrition Assistan Specify:	istance and such as foc nce Progran	the value (if keet of stamps (bern) or housing s	egularly receive nown) of any non-ca nefits under the Supp subsidies.		8f.		\$		0.00	<u> </u>	\$	0.	00	
	8g.	Pension or retir					8g		\$		0.00	_	\$		00	
	8h.	Other monthly i	ncome. Spe	есіту:			. 8n	.+	\$		0.00	<u> </u>	\$	0.	00_	
9.	Add	all other income.	Add lines 8	3a+8b+8c+8d+	-8e+8f+8g+8h.		9.	\$	S		0.00)	\$	(0.00	
10	Calc	ulate monthly inc	ome. Add l	line 7 + line 9		10	0.	\$		0.00	1.	\$	-2,238	3.86 = \$	-2	2,238.86
10.		•			2 or non-filing spou		.	Ψ_		0.00	1 1	Ψ	2,200	- ·		.,200.00
11.	Inclu othe	ide contributions from the contributions from the contribution of	om an unma s.	arried partner,	penses that you list members of your hou ines 2-10 or amounts	usehold, your d	ере					,		edule J. 11. +\$		0.00
12.		e that amount on th			o the amount in line and Statistical Sumi									12. \$_	-2	2,238.86
13.	Do y	ou expect an inci	ease or de	crease within	the year after you	file this form?									nbine nthly i	d income
		Yes. Explain:	mo inclu (trustee p	tals are for t ded in truste	the past 10 weeks ee payment), surn s \$2575 mo), and	endering the	e tra	act	or tra	ailor (\$2	2900) m	o), con	verting t	o Ch	apter 7

Fill	in this information to identify your case:					
Deb	otor 1 Sharon K Williams			Che	ck if this is:	
	<u> </u>				An amended filing	
Deb	otor 2 James L Williams				A supplement show	ing postpetition chapter
(Spo	ouse, if filing)				13 expenses as of t	he following date:
Unit	ted States Bankruptcy Court for the: SOUTHERN DIS	STRICT OF OHIO COL	LUMBUS		MM / DD / YYYY	
	2:13-bk-51567 (2:13-bk-51567)	_				
Of	fficial Form 106J					
So	chedule J: Your Expenses					12/15
Be info	as complete and accurate as possible. If two normation. If more space is needed, attach anothember (if known). Answer every question.					
Par 1.	t 1: Describe Your Household Is this a joint case?					
١.	□ No. Go to line 2.					
	Yes. Does Debtor 2 live in a separate hous	ahald?				
	·	enoid?				
	■ No □ Yes. Debtor 2 must file Official Form	106J-2, Expenses for S	Separate Househo	old of Deb	tor 2.	
2.	Do you have dependents? ■ No					
	— 103.		ependent's relation ebtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the	_				□ No
	dependents names.	_			_	☐ Yes
						□ No
		_				☐ Yes ☐ No
						☐ Yes
		_				□ No
						☐ Yes
3.	Do your expenses include No					
	expenses of people other than yourself and your dependents?					
Est exp	t 2: Estimate Your Ongoing Monthly Expen timate your expenses as of your bankruptcy fili penses as of a date after the bankruptcy is filed plicable date.	ng date unless you a				
the	lude expenses paid for with non-cash governm value of such assistance and have included it ficial Form 106l.)				Your expe	enses
,	,					
4.	The rental or home ownership expenses for y payments and any rent for the ground or lot.	our residence. Includ	le first mortgage	4. \$	S	750.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$	8	0.00
	4b. Property, homeowner's, or renter's insurar	nce		4b. \$	S	0.00
	4c. Home maintenance, repair, and upkeep e.	•		4c. \$		0.00
5.	 4d. Homeowner's association or condominium Additional mortgage payments for your resid 		auity loans	4d. \$		0.00 0.00
J.	your lesiu	, 50011 03 1101116 6	quity iouilo	J. 4	•	0.00

tor 1 Sharon K Williams James L Williams	Case number (if known)	2:13-bk-51567
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	300.00
6b. Water, sewer, garbage collection	6b. \$	30.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	110.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	600.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	50.00
Personal care products and services	10. \$	0.00
Medical and dental expenses	11. \$	55.00
Transportation. Include gas, maintenance, bus or train fare.		400.00
Do not include car payments.	12. \$	160.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
Charitable contributions and religious donations	14. \$	0.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.	15a. \$	0.00
15a. Life insurance 15b. Health insurance	15a. \$	0.00
		0.00
15c. Vehicle insurance	· —	180.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
Installment or lease payments:	47- 0	400.00
17a. Car payments for Vehicle 1	17a. \$	493.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as	18. \$	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	·	
Other payments you make to support others who do not live with you.	\$	0.00
Specify: Other real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>	19.	
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	
	20d. \$	0.00
20d. Maintenance, repair, and upkeep expenses	· —	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Self Employment Tax	21+\$	1,250.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	3,978.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	-,
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,978.00
220. Add into 220 and 220. The result is your monthly expenses.		3,370.00
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	-2,238.86
23b. Copy your monthly expenses from line 22c above.	23b\$	3,978.00
23c. Subtract your monthly expenses from your monthly income.	23c. \$	-6,216.86
The result is your <i>monthly net income</i> . Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your	ou file this form?	·
modification to the terms of your mortgage? ☐ No.		
■ Yes. Explain here: No changes anticipated.		